



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



DEPARTMENT OF CORRECTIONS

Vicente Taman Seman Building
 P.O. Box 506506, Saipan, MP 96950
 Telephone: (670) 664-9061 Facsimile: (670) 664-9515

Part	Section	Subject	Policy No.	Review Date
Institutional Operations	Safety and Emergency Procedures	Universal Precautions Against Infectious Diseases	3.2.12	
ACA Standard	3-ALDF-4E-35 Management of Serious and Infectious Diseases			
Consent Decree	Paragraph 54 Develop Facility Policy and Procedures			

I. PURPOSE

To establish procedures for correctional staff in reducing the risk of contracting communicable disease(s) during the performance of their official duties.

II. POLICY

It is the policy of the Department of Corrections (DOC) to take all reasonable measures to allow its correctional staff to perform their duties in a safe and effective manner through universal precautions when dealing with individuals who are admitted into DOC's facilities. In order to minimize potential exposure to communicable diseases, correctional staff must assume that all persons are potential carriers of communicable diseases. It shall also be the policy of DOC that every person receives appropriate medical services and emergency care, regardless of their physical condition.

III. DEFINITIONS

- A. **Acquired Immunodeficiency Syndrome (AIDS):** A severe immunological disorder caused by the retrovirus HIV, resulting in a defect in cell-mediated immune response that is manifested by increased susceptibility to opportunistic infections and to certain rare cancers, especially Kaposi's sarcoma. It is transmitted primarily by exposure to contaminated body fluids, especially blood and semen.
- B. **Air-Borne:** Transmission of diseases infected air and/or water based droplets are passed into the air by coughing, sneezing or breathing.
- C. **Blood:** Means human blood, human components and products made from human blood.
- D. **Bloodborne Pathogens:** Means a bacterium or funguses that are present in human blood and can cause diseases in human such as hepatitis B virus (HBV) and human immune deficiency virus (HIV).

- E. **Bodily Fluids:** Liquid secretions including, but not limited to blood, semen, vaginal or other secretions that might contain these fluids such as saliva, vomit, urine or feces.
- F. **Communicable Disease:** Those infectious illnesses that are transmitted through direct or indirect (including airborne) contact with an infected individual, including but not limited to the body fluids of the infected individual.
- G. **Contaminated:** Means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- H. **Contaminated Sharps:** Means any contaminated objects that can penetrate the skin including, but not limited to needles, scalpels and broken glass.
- I. **Occupational Exposure Incident:** Means a specific eye, mouth and other mucous membrane contact with blood or other potentially infectious material that results from the performance of an employee's duties.
- J. **Hepatitis A:** Is an acute viral hepatitis that is transmitted primarily by the fecal-oral route.
- K. **Hepatitis B:** Is an acute or chronic viral hepatitis that is transmitted through blood exposure and sexual contact.
- L. **Hepatitis C:** Is an acute or chronic viral hepatitis that is transmitted primarily by blood exposure.
- M. **Human Immunodeficiency Virus (HIV):** Is the virus that causes AIDS.
- N. **Personal Protective Equipment:** Specialized clothing or equipment worn or used by correctional staff for protection against the hazards of infection.
- O. **Tuberculosis (TB)** is a disease that can damage a person's lungs or other parts of the body and can cause serious illness.
- P. **Universal Precautions:** Procedures that emphasize precautions based on the assumption that all blood and bodily fluids are potentially infectious of the AIDS (HIV), hepatitis B (HBV) and other viruses.

IV. THE DISEASES

A. Hepatitis A Virus (HAV)

Signs and Symptoms

- Adults will have signs and symptoms more often than children.
- Jaundice – yellowing of the skin or eyes
- Fatigue
- Abdominal pain
- Loss of appetite

- Nausea
- Diarrhea
- Fever

Long Term Effects

- There is no long-term infection.
- Once you have had HAV you cannot get it again.

Transmission

- HAV is found in the feces of persons with hepatitis A.
- HAV is usually spread from person to person by putting something in the mouth (even though it may look clean) that has been contaminated with the feces of a person with hepatitis A.

Persons at Risk of Infection

- Contacts with infected persons.
- Sex contacts of infected persons.
- Men who have sex with men.
- Injecting and non-injecting drug users.

Prevention

- Hepatitis A vaccine.

B. Hepatitis B Virus (HBV)

Signs and Symptoms

- About 30 % of persons have no signs or symptoms. Signs and symptoms are less common in children than adults.
- Jaundice – yellowing of the skin or eyes
- Fatigue
- Abdominal pain
- Loss of appetite
- Nausea, vomiting
- Joint pain

Long Term Effects Without Vaccination

- Chronic (long term) infection occurs in 6 % of persons infected after age 5 years.
- Death from chronic liver disease occurs in 15-25 % of chronically infected persons.

Transmission

- HBV is spread through having sex with an infected person without using a condom.
- Sharing needles when using drugs.
- Through needle sticks or sharps exposures on the job.
- Getting a tattoo or body piercing.

Risk Groups

- Persons with multiple sex partners or diagnosis of a sexually transmitted disease.
- Men who have sex with men.
- Contacts of infected persons.
- Injection drug users.
- Hemodialysis patients.

Prevention

- Hepatitis B vaccine.

C. Hepatitis C Virus (HCV)

Signs and Symptoms

- 80 % of persons have no signs or symptoms.
- Jaundice – yellowing of the skin or eyes
- Fatigue
- Dark urine
- Abdominal pain
- Loss of appetite
- Nausea

Transmission

- Occurs when blood or body fluids from an infected person enters the body of a person who is not infected.
- HCV is spread through sharing needles when shooting drugs.
- Through needle sticks or sharps exposures on the job.
- Getting a tattoo or body piercing.

Long Term Effects

- Chronic infection: 75-85 % of infected persons.
- Chronic liver disease: 70 % of chronically infected persons.
- Deaths from chronic liver disease: less than 3 %.
- Leading indication for liver transplant.

Prevention

- No vaccine to prevent hepatitis C.
- Correctional staff should always follow universal precautions.

D. Human Immunodeficiency Virus (HIV) is the virus that causes AIDS.

Transmission

- Blood
- Semen
- Vaginal fluid
- Breast milk
- Other body fluid containing blood.
- Sexual contact with an infected person.
- Workers have been infected with HIV after being stuck with needles containing HIV-infected blood, or from worker's open cut or mucous membrane (example, the eyes or inside of the nose).

Long Term Effects

- Infection with HIV can weaken the immune system to the point that it has difficulty fighting off certain infections.

Prevention

- No vaccine for HIV.
- Medical treatment can slow down the rate at which HIV weakens the immune system.
- There are treatments that can prevent or cure some of the illnesses associated with AIDS.
- Correctional staff should always follow universal precautions.

E. Tuberculosis (TB)

Signs and Symptoms

- A cough that last longer than two (2) weeks
- Fevers
- Constant tiredness
- Weight loss
- Night sweats
- Loss of appetite
- Coughing up blood (occasionally)
- Pain in the chest
- Weakness or fatigue

People with active TB disease may have only mild symptoms. They may be spreading their germs to others without even knowing that they have TB. Usually have a positive skin test.

A person can be infected for years with inactive TB without any signs of TB disease.

Transmission

- TB is spread through the air from one person to another.
- The bacteria are put into the air when a person with TB disease of the lungs or throat coughs or sneezes.
- People nearby may breathe in these bacteria and become infected.
- When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, they can move through the blood to other parts of the body, such as the kidney, spine, and brain.

Prevention

- TB disease can almost always be cured with medicine. But the medicine must be taken as the doctor or nurse tells you.
- If you have TB of the lungs or throat, you are probably infectious. You need to stay home from work so that you don't spread TB bacteria to other people. Your doctor or nurse will tell you when you can return to work.
- Always cover your mouth with a tissue when you cough, sneeze, or laugh. Put the tissue in a closed paper sack and throw it away.
- Avoid close contact with anyone
- You must continue to take the medicine even if you start feeling well after a few weeks of treatment.
- If you don't continue taking your medicine or you aren't taking your medicine regularly, the bacteria will grow again and you will remain sick for a longer time. The bacteria may also become resistant to the drugs you are taking.
- People who may have spent time with you may need to be tested for latent TB infection.

Long Term Effect

- The bacteria can attack any part of the body, but they usually attack the lungs, which can cause death.

V. PROCEDURAL GUIDELINES

Due to the diverse type of people that correctional staff deals with on a regular basis, the potential of encountering a person with communicable disease is high. In addition, correctional staff may encounter individuals who are injured and/or with a communicable disease which may cause exposure to infectious diseases. It is for these reasons that correctional staff must learn to protect themselves from communicable diseases that may be present in the work place. Recognition and determination of different body fluids is difficult or impossible, therefore, universal precautions shall be observed to prevent contact

with blood, body fluids, or other potentially infectious materials. All body fluids shall be considered potentially infectious. Exposure to blood or body fluids does not mean that you will be infected. But because you do not know if someone else is infected, you must avoid contact with blood and bodily fluids of all inmates and fellow employees. Inmates and/or arrestees who are coughing, sneezing or intentionally biting or spitting should be considered infectious. It shall be the responsibility of each employee to use protective barriers when exposure to blood and/or body fluids are anticipated or known. It shall be the responsibility of each supervisor to instruct and direct employees, as appropriate if proper protective precautions are not being taken. The staff of the DOC will seek assistance and guidance from the Commonwealth Health Center (CHC) when questions arise regarding universal precautions and communicable diseases.

Personal Protective Equipment

When it is believed that exposure incident may occur, correctional staff will use appropriate personal protective equipment to prevent blood or other potentially infectious materials from reaching the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. The shift supervisor will ensure that appropriate personal protective equipment is available and accessible to the employees during the shift.

The shift supervisor will ensure that subordinates uses appropriate personal protective equipment unless he/she and/or the subordinate in their best judgments the use of such equipment will prevent the delivery of health care, safety and/or posed an increased hazard to the safety of the officer and/or inmate. In such instances, the shift supervisor will submit a report to the Operations Captain detailing the circumstances. The Operations Captain will make an evaluation of the event and make recommendations to the Director so as to prevent similar occurrences in the future.

When appropriate personal protective equipment is available, correctional officers will not refuse to admit, process or physically handle any person who may be a carrier of a communicable disease.

The shift supervisor is responsible for continuously maintaining an adequate supply of disease control supplies in a convenient location for his/her personnel. Replacement of disease control supplies shall be channeled to the Logistic/Supply Section.

Gloves

Disposable (single use) gloves such as surgical or examination gloves shall be worn when it can be reasonably anticipated that the officer may have hand contact with the following:

- Blood
- Other potentially infectious materials
- Mucous membranes
- Non-intact skin
- Handling or touching contaminated items or surfaces

Disposable gloves shall not be washed or decontaminated for re-use. Disposable gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

When using disposable gloves, the following shall be kept in mind:

- Cover any hand cuts and remove jewelry.
- Inform the shift supervisor if you get a rash or red, and/or irritated hands.
- Don't touch the outside of gloves when removing them.
- Dispose of gloves properly.
- Wash your hands with soap immediately after removing your gloves.

Masks, Eye Protection and Face Shields

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter or droplets of potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

When using a mask, the following shall be kept in mind:

- The mask must be checked before use for breaks or rips.
- The mask must be washed and disinfected before and after each use.
- Mask that is defective must be repaired or replaced.

Gowns, Aprons and Other Protective Body Clothing

Gowns, aprons, lab coats, or other outer garments shall be worn as determined by the degree of exposure anticipated.

Mouthpiece

Plastic mouthpiece, pocket mask, or other authorized barrier/resuscitation devices shall be used whenever an officer performs CPR or mouth-to-mouth resuscitation. When plastic mouthpiece or pocket mask is used, the officer will ensure that it is properly cleaned and/or disinfected. Defective plastic mouthpiece or pocket mask will be replaced.

Hand Washing

According to the Center for Disease Control and Prevention (CDC), hand washing is one of the most important means of preventing the spread of infection.

Correctional officers are encouraged to observe the following with respect to hand washing:

- Beginning and end of the workday.
- Before and after using gloves.
- Before eating, handling food or medication.
- After using the toilet.

- After touching your nose or face.
- After touching contaminated surfaces or equipment.
- When going to another area or section.

When washing your hands:

- Turn on faucet.
- Wet hands.
- Use soap or other hand washing detergent.
- Wash for 10 seconds, use friction.
- Rinse off soap.
- Dry with paper towel.
- Turn off water with the used paper towel to prevent contaminating your hands on the faucet.

General Housekeeping

The shift supervisor shall ensure that the worksite and housing units are maintained in a clean and sanitary condition and shall conduct periodic inspection to ensure that cleanliness is maintained.

The daily shift supervisor shall determine and implement written schedules as appropriate for cleaning and decontamination based on the location within the facility or work environment, the type of surface or equipment to be cleaned, the type of soil present and the tasks and procedures to be performed in the area.

All equipment and environmental and work surfaces must be cleaned and decontaminated after contact with blood and other potentially infectious materials as provide in this policy.

All bins, pails, cans and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis cleaned decontaminated immediately or as soon as feasible upon visible contamination.

Broken and potentially contaminated glassware, needles or other sharp instruments shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as brush and dustpan. Contaminated glassware, needles or other sharp instruments shall not be stored in a manner that requires that they be retrieved manually. Contaminated materials shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and properly labeled. In disposing contaminated materials, established federal and local regulations shall be followed.

Contaminated laundry and personal protective equipment shall be bagged or containerized at the location where it was used in an approved leak proof containers but should not be sorted, rinsed or cleaned at that location. Employee shall wear protective gloves and other appropriate personal protective equipment when handling contaminated materials.

Officers shall not smoke, eat, drink, chew betelnut, or apply makeup around bodily fluid spills or when wearing protective gloves.

Custody, Search and Transporting of Prisoners

Custody

When appropriate protective equipment is available, correctional officer shall not refuse to interview, assist, or otherwise physically handle any person who may have a communicable disease. Should an officer be involved in an incident where proper safety materials are not available, the officer shall immediately contact the shift supervisor and request assistance.

When possible, individuals taken into custody with bodily fluids on their body or clothing, and not in need of medical attention shall be isolated from other persons until clean up has been completed and a change of clothes has been provided. Officers shall document that an individual was taken into custody that has bodily fluids on their person. The individual shall be asked if he/she has communicable disease and the response shall be documented.

Officers shall not put their fingers in or near the mouth of any conscious person. Officers utilizing protective gloves can, in life threatening situations insert their finger into the mouth of an unconscious person to attempt to clear a blocked airway in accordance to CPR procedures. In administering CPR, officers shall use pocket mask, plastic mouthpiece or other approved devices to prevent the person's saliva or vomits from entering the caregiver's mouth.

All officers dealing with persons who have blood or other body fluids on their body or clothing will be personally responsible for following universal precautions and using the personal protective equipment provided.

Search

An officer should use great caution in searching the clothing, cell and the person of inmates. The following should be observed when searching inmate's clothing and person:

- Ask inmate to empty his/her pockets.
- Wear protective gloves if exposure to blood is likely to be encountered.
- Wear protective gloves for all body searches.
- If searching a purse, carefully empty contents directly from the purse by turning it upside down over a table.
- Use puncture-proof containers to store sharp instruments and clearly marked plastic bags to store other possibly contaminated items.
- Always use flashlight to search hidden areas.

Transfer/Transporting

During a transfer of custody, officers have an obligation and shall discreetly notify support personnel that the individual has bodily fluid on their person or that the individual has said that he/she has a communicable disease. Care must be taken to insure that the information is given only to those who have a need to know.

Individuals with bodily fluids on their persons shall be transported in separate vehicles from other persons.

Disinfections

Any unprotected skin surfaces that come into contact with bodily fluids shall be thoroughly washed as soon as possible with hot running water and soap for at least 15 seconds before rinsing and drying.

Alcohol or antiseptic towelettes may be used where soap and water are unavailable.

Disposable gloves should be rinsed before removal and hands and forearms should then be washed.

Skin surfaces shall be washed and mucous membranes flushed as soon as feasible following the removal of any personal protective equipment.

All open cuts and abrasions shall be covered with waterproof bandages before reporting to duty.

The following disinfections procedures shall be initiated whenever bodily fluids are spilled or an individual with bodily fluids on his person is transported in a departmental vehicle:

- Affected vehicle shall be immediately designated with the posting of an "Infectious Disease Contamination" sign while awaiting disinfection.
- Personnel shall remove any excess bodily fluids from the vehicle with an absorbent cloth, paying special attention to any cracks, crevices or seams that may be holding fluids.
- The affected areas should be disinfected using hot water and detergent or alcohol and allowed to air dry.
- All vehicles scheduled for washing and routine maintenance shall, as part of that routine, be cleaned in the interior with an approved disinfectant.

Occupational Exposure

All correctional staff that has been determined to be at risk for occupational exposure to the hepatitis B virus shall be provided with the opportunity to take the HBV vaccination series at no cost. The vaccination will be coordinated with CHC personnel. Correctional staff that declines to take the HBV vaccination series will be recorded by CHC personnel. The employee who initially declines to take the HBV vaccination series but at a later date decides to accept the vaccination, the employee must be provided with the vaccination.

Any person who has unprotected physical contact with blood or other bodily fluids of another person while in the line of duty shall be considered to have been potentially exposed to HBV and/or HIV. The shift supervisor will submit a report to the Operations Captain detailing the means and circumstances under which the exposure occurred. The Operations Captain will inform the Deputy Director, Director and Commissioner of all occupational exposure incidents as soon as possible.

Immediately after exposure, the officer shall proceed to the CHC for tests of evidence of infection and treatment of any injuries. CHC will continue testing the officer for evidence of infection and provide psychological counseling as determined by CHC health official.

The officer shall receive a copy of the health care provider's written opinion within 15 days of the evaluation and information on any conditions resulting from the exposure that require further evaluation or treatment.

Unless disclosure to an appropriate department official is authorized by the officer or by CNMI law, the officer's medical evaluation, test results and any follow-up procedures shall remain confidential. Before any confidential information is to be released, the Commissioner must be informed and must approve the release of the confidential information. Any employee who divulges confidential or medical information in regard to a victim or suspected victim of a communicable disease will result in disciplinary action.

Any person responsible for potentially exposing a correctional staff and/or inmate to a communicable disease shall be encouraged to undergo testing to determine if the person has a communicable disease. The person shall be provided with a copy of the test results and a copy shall be provided to the DOC and the exposed person. The exposed person shall be informed of applicable regulations concerning the disclosure of the identity and infectious status of the source individual. Criminal charges may be sought against any person who intentionally exposes a correctional officer and/or inmate to a communicable disease.

An officer who test positive for HIV or HBV may continue working with the DOC provided the medical opinions and advice of CHC officials states that the affected officer does not pose a safety and health threat to himself/herself, the public, staff or inmates.

All correctional staff shall treat employees and/or inmates who have contracted a communicable disease fairly, courteously and with dignity.

Record Keeping

The DOC shall maintain an accurate record of each employee and/or inmate with occupational exposure that includes information on vaccination status, results of all examinations, tests and follow-up procedures, health care professional written opinion and any other information related to the occupational exposure. The health records shall be placed in a secured area with limited access and may not be disclosed or reported without the express written consent of the employee or inmate and the approval by the Commissioner.

Training

The Training Coordinator of DOC will ensure that all correctional staff with occupational exposure is provided with a complete copy of this policy and procedures and an in-service training are provided in accordance with this policy.

All affected employees shall receive annual refresher training and additional training whenever job tasks or procedures are modified in a manner that may alter their risk of exposure.

All trainees shall have access to applicable federal and CNMI regulations pertaining to the regulation of bloodborne pathogens. Federal regulations 29 CFR part 1910.1030 and National Institute for Occupational Safety and Health (NIOSH), NIOSH Publication #89-108, A Curriculum Guide for Public Safety and Emergency Response Workers as well as additional information with respect to communicable diseases and other diseases that may be contracted in a prison setting may be obtained through the Deputy Director's office and/or CHC.

The Training Coordinator shall maintain complete records on correctional staff training to include dates and content of training sessions, names and qualifications of persons conducting the training and the names and job titles of all persons attending the training sessions.

Reviewed By: Gregory F. Castro

Gregory F. Castro
Director of Corrections

12/5/07

Date

Approved By: Lino S. Tenorio

Lino S. Tenorio
Commissioner of Corrections

12/06/07

Date